

# Medicare's Limited Income NET Program (LINET)



**Qualifying patients must be eligible** for Medicare Part D and Medicaid, LIS or Supplemental Security Income (SSI)

**Provides immediate prescription coverage** at the pharmacy counter; enrollment is processed by claim submission

**Limited pharmacy network restrictions**

**No premiums**—LIS-based copay

**Coverage** usually lasts about two months

**Retroactive reimbursement** may be available for out-of-pocket expenses

**LINET** is a CMS demonstration program that provides temporary prescription coverage for Medicare beneficiaries who qualify for low-income subsidy (LIS) and have no prescription drug coverage

---

## Enrollment methods

### AUTO-ENROLLED

- Periodic enrollments by CMS

### POINT OF SALE

- Enrolled by claim submission

### RETROACTIVE

- Reimbursement request

## Beneficiary chooses a plan? Y/N

**YES:** Enrolled into plan chosen by beneficiary

**NO:** Enrolled into benchmark plan by CMS



## Confirming eligibility

LINET eligibility can be confirmed by submitting an E1 query (Eligibility Transaction)

### E1 Query

E1 Results	Status	Action
Contract ID X0001	Patient currently enrolled in LINET	Submit claim to LINET using 4 Rx data
No plan information LICS/LIS = YES	Patient may be eligible for LINET – Not yet enrolled	Submit claim to LINET using 4 Rx data
No plan information LICS/LIS = NO	Patient not eligible for LINET	Refer patient to 1-800-MEDICARE
Plan BIN/PCN #	Patient is enrolled in a Part D plan	Submit claim to plan using 4 Rx data
Plan phone number	Patient is enrolled in a Part D plan/issues	Call phone number provided



## Questions?

Call the Help Desk at **1-800-783-1307**  
Or visit: **Humana.com/LINET**



## Claim submission information

Electronic pharmacy claims should be submitted using the following information

<u><b>BIN</b></u> 015599	<u><b>PCN</b></u> 05440000	<u><b>GROUP ID</b></u> May be left blank
<u><b>CARDHOLDER ID</b></u> Medicare claim number or Medicare number		
<u><b>OPTIONAL FIELD: PATIENT ID</b></u> Medicaid ID or Social Security number		

### How can a beneficiary request retroactive reimbursement?

- Complete the Direct Member Reimbursement (DMR) form located in the LINET welcome letter or on our [website](#)
- Attach copy of receipt or printout from the pharmacy and proof of payment
- Mail or fax completed form with receipt

#### Send information to:

Medicare's Limited Income NET Program  
P.O. Box 14310  
Lexington, KY 40512-4310

Fax: 1-877-210-5592

This project was supported, in part by grant number 2002IDMISH, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.



Senior Health Insurance  
Benefits Advisors

**1-800-247-4422**  
**SHIBA.idaho.gov**